

North Attleboro Public Schools
Paraprofessional Substitute Form

North Attleboro Public Schools
Paraprofessional Substitute Form

Employee Name: _____
(Please Print)

Employee Name: _____
(Please Print)

Building: _____

Building: _____

Date Worked: _____

Date Worked: _____

Time Involved: Up to 3 hours \$ 5.00
 Over 3 hours \$ 15.00
 or Sub Differential

Time Involved: Up to 3 hours \$ 5.00
 Over 3 hours \$ 15.00
 or Sub Differential

Day	Time In	Time Out	Teacher	Reason	Grant
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Day	Time In	Time Out	Teacher	Reason	Grant
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Employee Signature: _____

Employee Signature: _____

Authorized By: _____

Authorized By: _____

Building Principal: _____

Building Principal: _____

Please submit completed forms to the Payroll Office

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